

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name SUBWAY (SERVELL 2 INC)	Telephone Number Est 812-945-9874 Own	Date of Inspection 01/05/2021	ID#
Address 3008 CHARLESTOWN CROSSING, NEW ALBANY IN 4			
Owner MONISH KAPUR	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up 01/12/2021	Released 01/05/2021
Owner's Address 2993 SEASONS DR GREENWOOD, IN 46143		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Person in Charge SHERRY SEEWER			
Responsible Person's Email SJSEEWER@GMAIL.COM			
Certified Food Handler			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
239		X		Observed multiple knives stored in freezer on wire racks and ground.	CORRECTED
422		X		Observed employee hoodie hung on dry stock rack	CORRECTED
347		X		Observed BOH hand towel dispenser to be broken.	1 WEEK
426		X	X	Observed office to be a clutter of unused or unnecessary items or debris.	1 WEEK
430		X	X	Observed ceiling tiles to be moldy in hallway.	1 WEEK

Summary of Violations C 0 NC 5 R 2

Received by (name and title printed):

SHERRY SEEWER

Inspected by (name and title printed):

A.J. Ingram CHIEF FOOD SPECIALIST

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: